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ABSTRACT

This article highlights the untended mental health needs of children across the United States. Citing troubling mental health statistics, the author suggests creating a community culture that does not stigmatize or ignore mental health problems, specifically by making prevention and treatment the rule. One of the potential stumbling blocks identified is that of the health care system itself, which pits a child's physical health against his or her emotional well-being. But around the country mental health advocates and government agencies are attempting to create a safety net for children. The goal: coordinate efforts of schools, justice systems, social services, and health and dental care providers, into a safety net capable of catching children. The article includes a discussion of how programs, communities, and policies can help families help themselves, and how schools can and should become an important part of this network. (GCP)

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How Americans Can Help Children with Mental Illness, and Their Families, Help Themselves

by

Richard Louv, Senior Editor

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How Americans Can Help Children with Mental Illness, and Their Families, Help Themselves

by Richard Louv
Senior Editor

A teacher watches a little boy rock back and forth in his chair, to the distraction of his classmates. "Alex, can't you keep still even for a minute?," she scolds. A thin young girl goes through the cafeteria line with just a few carrot sticks on her tray. "Alice, last week you ate three pies, what's with you this week?," asks the perplexed cashier. A mother, cleaning her son's room, finds sheet after sheet of vampire drawings with violent annotations.

Are these children in trouble? Are they slipping through the systems that support them—family, school, community—because no one knows how to read the symptoms?.

Perhaps the most dramatic example of untended mental health needs is contagion suicide. In Pierre, South Dakota, a city of only 13,000 residents, with no mental health providers, 11 young people between the ages of 13 and 23, eight of them teenagers, have killed themselves in the last three years.

"When you have one suicide, you're going to have others. People imitate other people; this is particularly true of teen-agers." says Ron Manderscheid, chief of the Survey and Analysis Branch for the U.S. Center for Mental Health Services.

From 1988 to 1995, there were 49 such suicide clusters around the country, a high proportion of them young people. While many of these violent acts are drug-related, the underlying issue is mental health, says Manderscheid, who keeps track of all mental health statistics and programs in the nation.

"Until 1990, policy makers at the national level did not pay much attention to children's mental health issues," he says. "Congress wasn't focused on it, because children don't vote. As a result, there was little research on the issue." Today, he says, policy makers and health officials are beginning to show more interest. This is partly because of intense lobbying by advocacy groups. "The other reason is that America is an aging society, so we're valuing youth more these days."

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Could Pierre and other similar tragedies have been prevented? Were there signs that these children needed help? Signs that teachers trained to recognize depression could have caught, or that greater awareness among family and community members, places of worship, coaches and other adults could have yielded an early intervention and broken the cycle of despair? Can we create a community culture that doesn't stigmatize or ignore mental health problems, by making prevention and treatment the rule?

If the answer is yes—and most experts say it is yes—then communities need to concentrate some immediate attention on where those points of intervention can be strengthened, how families can get the help they need, and kids get treatment. One of the big stumbling blocks may be the health care system itself, which pits a child's physical health against his or her emotional well-being.

Manderscheid says one unanswered question is: will children receive quality mental health treatment in the era of managed care? And what about all those children not covered by insurance?

Over the next five years, the federal government will invest $24 billion to expand health care coverage to millions of children whose families do not now have health insurance. "The states are currently writing their proposals for how they're going to use this money," says Manderscheid. "But under the federal plan for children's health insurance, mental health is not considered one of the primary elements to be covered in the basic benefit package."

Rather than a basic benefit, children's mental health is considered an "additional" benefit, and therefore treated as a second-class health problem. "Substance abuse care is not even considered an 'additional' benefit. The states don't have to cover it. And prevention isn't even on the horizon."

Nonetheless, around the country, mental health advocates and government agencies are attempting to create a new mental health safety net for kids. The goal: coordinate efforts of schools, justice systems, social services, and health and dental care providers, into a safety net capable of catching children—or keeping them from falling in the first place.

Among the leaders of this movement: parents and relatives of children with mental health problems.

Trina Osher is coordinator of policy and research for the Federation of Families for Childrens Mental Health (FFCMH), headquartered in Alexandria, Virginia. "We're exactly what our title says, an organization of family-run groups around the

country that want to improve outcomes for children with mental health problems and their families. Were not exclusively concerned with the mental health system. Some children with mental health challenges are in special-needs programs; some are, unfortunately, in the juvenile correction system."

FFCMH's newsletter reaches 15,000 people, and attracts nearly a thousand people to its annual conference in Washington, D.C.

How can programs, communities and policy help these families help themselves?

"The families of children with mental illness face several obstacles," says Osher. "The major one is the stigma attached to mental illness, and the resulting lack of support. There is still such a tendency to attribute a child's mental illness to poor parenting. Teachers, social workers, psychologists, physicians and neighbors say such things as, 'If you'd only discipline that child...' They accuse us of being bad parents, of not caring, of being incompetent. But most of us, as parents, have *other* children with no problems. We are doing a good job in a difficult situation."

The Federation's goal is to make sure that all children with mental health challenges receive appropriate services in home and school and community.

"We need these services so our children can stay with us, and be in the same schools their siblings and friends are, so they can go on to some kind of success in life," says Osher. Among the services needed: in-home care and respite relief for families. "We'd also like to see counseling and therapeutic services offered where families live and work. We'd like to see an integration of the many programs that touch our lives."

One approach that FFCMH admires is being used by the Children and Adolescent Service Systems Programs (CASSP), a federal Center for Mental Health Services initiative. CASSP gives grants to foster collaboration among community-based services for children with mental health needs.

San Diego County, for instance, is making some important strides through Project Heartbeat, a children's mental health network that adapts many of the CASSP principles. With an annual budget of $58 million, the project consolidates county services, will initially focus on youths served by the departments of mental health, social services and juvenile probation, as well as those eligible for special education services.

Other efforts around the country are supported in part by federal funding through the Comprehensive Community Mental Health

Services for Children Program. Authorized by Congress in 1992, the program provides federal funds through demonstration grants to states, communities, and Native American tribes through "systems of care." It currently administers 22 Federal grants in 29 communities in 18 states.

In Milwaukee, Wisconsin, one such program focuses on creating comprehensive mental health services for children on the neighborhood level, particularly in neighborhoods with high rates of poverty, homelessness, teenage pregnancy and other social and economic problems. Two neighborhood councils serve as local planning boards.

Going mobile is another approach. In Charleston County, South Carolina, young people with serious emotional disturbances now receive long-term, home-based community services, with their families, instead of being sent to out-of-state facilities or institutions; mobile outreach services enable providers to visit private homes to give emergency and crisis services.

And near Chicago, a program serving the Lyons/Riverside and Proviso townships offers a "full-service wraparound system of care" for children with serious emotional disturbances and their families. In this approach, school-based services play a crucial role—providing transportation, housing, and other help.

Indeed, schools should become a more important part of this evolving network.

More public support is needed for the expansion of school counseling staffs, school nurses and psychologists, and other support staff. In most high schools, the student-to-counselor ratio is abysmal, and in many elementary schools, non-existent.

"As in most of the country, we're almost prohibited from doing real counseling because we're buried in paper work, helping kids plan for college," says one typical high school counselor. "The district is making us into piece workers: How many tests did you give today? One girl told me that whenever she came to see me, she felt that she was bothering me because I was always testing and had so much paper work to do. Sometimes I even felt guilty for taking the time to talk to her."

Later, this girl committed suicide on the way to school.

"Teachers need help understanding why our children behave the way they do; then they need to develop positive educational strategies," says Osher. "This is not in the teacher training curriculum."

Charlotte Ross, former director of the Youth Suicide National Center in Washington, D.C., lead the way years ago. In 1975, after a cluster of suicides occurred in San Mateo, California, Ross was asked to find out what could have been done to prevent it. "We found that teachers were often afraid to get involved with children who were suicidal, afraid of making it worse, afraid of criticism from their peers," says Ross. "When we looked at the homework of children who had killed themselves, we often found clues—even suicide threats—that teachers had graded for grammar, and without comment."

Ross also found that the least likely person that a suicidal child would tell his or her problems to were school counselors; the most likely were other teens.

She developed a public school curriculum in suicide prevention, which focused on teacher education and peer support, now used across the United States and in Israel. "But the use of it is spotty. While New York requires the curriculum to be taught to all teachers and students, California makes it available—but does not mandate it," she says.

While much of the needed progress on childrens mental health awaits changes in federal, state and local government policies, much can be done at the community and neighborhood level.

Individuals can help. At Van Asselt elementary school in Seattle, one mother says she volunteers in the child's classroom, and finds herself acting as a surrogate parent to troubled children. "More than anything else, I've been overwhelmed by the emotional needs of so many of these children," she says. "One little girl I'm working with is unwilling to learn anything right now. She just wants me to hold her, to be hugged, and to lay her head on my lap. I find myself—more than teaching these children—I find myself loving them."

Service organizations can help, too. For example, in Coronado, California, the Kiwanis Club pays for the part-time salary of the only counselor to work Coronado's three elementary schools. "Think what these kids could accomplish if their emotional health was dealt with in school a couple hours a day," says the groups president. "Seems to me that mental health has something to do with academic achievement."

Libraries, recreational programs, kind and sensitive neighbors, extended family, small business owners—every institution and individual that comes in contact with children can play a role in supporting troubled children and their parents. Particularly if they receive a little help from the health care system and policy makers. Preventive, far-sighted help.

"But unfortunately, usually what happens," says Ross, "is that the emphasis on children's mental health fades until there's another cluster of suicides or homicides."

Another Pierre.

Richard Louv is Senior Editor of Connect for Kids, a columnist for The San Diego Union-Tribune, and the author of several books on children and community, including "Childhoods Future" (Anchor) and "The Web of Life: Weaving the Values That Sustain Us"(Conari Press).

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